HAT REDNITED STATES PATENT AND TRADEMARK OFFICE In re Patent Application of Atty DMB-2590-98 Dkt.

NEFTEL

Serial No. 10/501,394

Filed: July 15, 2004

Title: PERITONEAL DIALYSIS SYSTEM

DEC 2.4 2008 C# **M#** C/A.U. 4148

Examiner: Ian K. Holloway

Date: December 24, 2008

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other

signature thereon.			
☐ Correspondence Address Indication	Form Attached.		
	ninus highest number 0 x \$52.00	\$0.00 (1202)/\$0.00 (2202)	\$
•	ninus highest number 0 x \$220.00	\$0.00 (1201)/\$0.00 (2201)	\$
If proper multiple dependent claims now added for fi		\$390.00 (1203)/\$195.00 (2203)	\$
paper and attachment(s)	One Month Extension Swo Month Extensions \$	\$130.00 (1251)/\$65.00 (2251) 490.00 (1252)/\$245.00 (2252) 110.00 (1253/\$555.00 (2253)	
	Four Month Extensions (\$1730.00 (1253/\$353.50 (2253) \$1730.00 (1254/\$865.00 (2254) 2350.00 (1255/\$1175.00 (2255)	\$ 490.00
Terminal disclaimer enclosed, add		\$140.00 (1814)/ \$70.00 (2814)	\$
☐ Applicant claims "small entity" status. ☐ Stat	ement filed herewith		
Rule 56 Information Disclosure Statement Filing Fee		\$180.00 (1806)	\$ 0.00
Assignment Recording Fee		\$40.00 (8021)	\$ 0.00
Other:			\$ 0.00
•		TOTAL FEE	\$ 490.00
☐ CREDIT CARD PAYMENT FORM A	TTACHED.		

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

DMB:Ifo

NIXON & VANDERHYE P.C.

By Atty: Duane M. Byers, Reg. No. 33,363

Signature:

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